

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH									
DEPARTMENT OF PUBLIC HEALTH AND WELFARE					4208		-61-029609		
Registration District No. 149					Primary Registration District No. 1002		Registar's No.		
FILED SEP 8 1961									
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Jackson					a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City					c. CITY OR TOWN Kansas City				
Length of stay in lb 35 YEARS					Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4406 Flora Avenue					d. STREET ADDRESS (If outside, give location) 4406 Flora Avenue				
3. NAME OF DECEASED					4. DATE OF DEATH				
First Middle Last Georgia Maude Samuels					Month Day Year August 20 1961				
5. SEX Female					6. COLOR OR RACE White				
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>					8. DATE OF BIRTH 6-19-94				
9. AGE (last birthday) 97					IF UNDER 1 YEAR IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife					10b. KIND OF BUSINESS OR INDUSTRY At Home				
11. BIRTHPLACE (City and state or country) WATERLOO, ILLINOIS					12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME George Lumpkins					13b. MOTHER'S MAIDEN NAME Sarah Burroughs				
14. NAME OF HUSBAND OR WIFE George N. Samuels					Address 4406 Flora Avenue				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No					16. SOCIAL SECURITY NO. ---				
17. INFORMANT Mrs. Ruth Waldon					Address 4406 Flora Avenue				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Arteriosclerosis, gen, slow</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 5 1/2				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____					20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____					20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from Dec 12, 1952 to 8/20/61 and last saw her alive on Apr 26, 1961					Death occurred at 7:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>P. E. Pearson, M.D.</u>					22b. ADDRESS 11425 Rialto Bldg., K.C. Mo.				
22c. DATE SIGNED 8/21/61									
23a. BURIAL, CREMATION, REMOVAL Removal					23b. DATE Aug. 23, 1961				
23c. NAME OF CEMETERY Spring Hill cemetery					23d. LOCATION (City, town, or county) Spring Hill Kansas				
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS Kansas City, Mo.					25. DATE RECD. BY LOCAL REG. 8-23-61				
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>									

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Terri Lawler*

Licensed Embalmer No. 4915

P. O. Address KC. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.